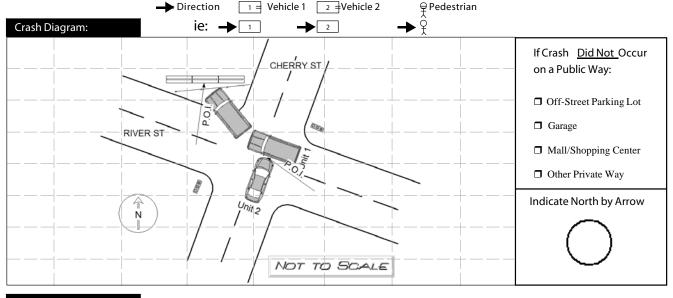
[Poli	ice Use Only		Common	wealth	of Massa	achus	etts			RMV	/ Docum	ent Number	
	Date of Crash 04/24/2019	Time of Crash 07:29 24HR	City/Tov NEWTON	m Mo		hicle Cra Report	l v	lumber ehicles 2	Numbe Injured	Latit	d Limit ude gitude_		State Police Local Police MBTA Police Other:	Xi O
			SECTION:	<			>		NO	AT	INTE	ERSEC	CTION:	
		CHERR	Y ST											2
1 1	Route# Direc			Roadway/Street		Route# Direction	on Addre	ess#		Nar	ne of R	loadway/S	Street	$ \begin{vmatrix} - \\ 2 \end{vmatrix}$
_	At RIVER ST					Feet NSEW of or								
	Route# Direction Name of Intersecting Roadway/Street					Mile Marker Exit Number								_
			Also at Inters	ection with		Feet N	N S E W	of	Route	I	ntersect	ting Road	way/Street	- _
2 1			N. CL.	ing Roadway/Street		Feet N	N S E W	of				Ü	•	3
3	Route# Direc	tion		Landmark										
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Numbe	er	1900	0000411						
	License#		St _MA	DOB/Age	- Reg	# 773KV5			_ Reg Ty	pe_PAN	1	Reg S	State_MA	_
	Sex_F_ Lic.	Class D 18 1	8 Lic. Restrictions			Year_2010	Veh M	lake_H	ONDA			Veh Con	afig. 20	
4_	Operator MIT	CHELL	BETH First	Endorsme	ent Own	er (Same as oper	rator)		First			Middle		- 1
3	Address 25 BY		rirst	Middle		ress						Middle		_ -'
	City WEST NEWTON State MA Zip 02465										_State_	Z	ip	_
	Insurance Com	pany PLYMOUT	Vehi											
5 1	Vehicle Travel	Direction: N	S E X Respo	nding to Emergency	? Ever	at Sequence 1 2	22 10 22	22	22 2		3		4	
	Citation # (If I	ssued)			Mos	Harmful Event	1 23			_	9	$\{\mid \ \mid$	10 Undercarr 5 11 Totaled	iage
	Violation	1: ChSec	Violation	2: ChSec	Driv	er Contributing Co	ode 1	24	24		Ź			
⁶ 2	Violation	3: ChSec	Und	Underride/Override 25 Towed Y 0 6										
	Please fill out for operator and all occupants involved Name (Last First Middle) Address					Age/DOB	Seat Pos.	6 27 Safety .	28 2 Airbag Airb Status Swit	9 30 ag Eject ch Code	Trap Code	32 Injury Tran Status Cod	33 isp. le Medical Facili	1 1
					e								NWH	
7				1		14	=				17			
2	Please Select C of the Followi	I A I Venicle	2 1_#Occupants	Non-Motorist	A Type	14 Action 1	5 Locatio	on	Cond	ition	17	Hit,	/Run Mop	ed
	License# St MA DOB/Age					Reg # 5CG678 Reg Ty					vpe PAN Reg State MA			
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Veh Year 2017 Veh Make VOLKSWAGON Veh Config. 1							20	
8 1	Operator VITELLO JULE M Last First Middle					Owner (Same as operator)								
1		ADISON AVE		Last First Middle Address										
	City NEWTON State MA Zip 02458													
	Insurance Company GEICO					Vehicle Action Prior to Crash Three Damaged Area Code: (Circle Up to Three)								ee)
						Event Sequence 1 22 22 22 22 2 3 4								
	Citation # (If Issued) T1441437 M					Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							iage	
	Violatio	Driv	Driver Contributing Code 3 24 24											
	Violation 3: ChSec Violation 4: ChSec					Underride/Override 25 Towed Y 6								
			operator and all	occupants involved			20 Seat	6 27 Safety	28 2 Airbag Airb	g 30 Eject	31 Trap	Injury Tran	33 nsp.	
	Name (Last Fi	rst Middle) Non-Motorist		See Above		Age/DOB	Sex Pos	s. System	Status Swi	tch Code	Code 0	10 1	de Medical Faci	lity
	*													\dashv
										-				_
							1 1			- 1	1		1	



Crash Narrative:

(Continued on next page)

The operator of MV1 (ma reg 773KV5) was traveling WB on River Street through the intersection of Cherry

St when her vehicle was struck by a motor vehicle traveling on Cherry St. The operator of MV1 stated she had
a green light and MV2 went through a red light striking her driver's side door.

The operator of MV2 (MA reg 5CG678) stated she was traveling NB on Cherry St approaching the intersection of River St when she struck MV1. Operator of MV2 admitted she ran the red light and stated she zoned out for a minute. Operator of MV2 stated she was unsure if she wanted to turn onto River or continue straight onto Cherry and she ended up driving through the red light.

Operator of MV1 was complaining of possibly head injury so I called for an ambulance. ALS 28 arrived on scene to evaluate and ended up transporting Operator of MV1 to NWH. Operator of MV2 stated she was not injured and

Witnesses:
Name (Last, First, Middle)
Address
Phone # Statement

Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property CHERRY ST/RIVER ST , CITY OF NEWTON, NEWTON,MASSACHUSETTS 0: 3 CEMETERY

Truck and Bus Information: Registration #	(From Vehicle Section)	35			
Carrier Name		Carrier Issuing Authority Code			
Address	_ City	St Zip			
US DOT #: State Number	Issuing State ICC #:	Interstate 36			
Cargo Body Type Code Gross Vehicle Weight 38		39			
Trailer Reg #: Reg Type Reg State _	Reg Year Trailer Leng				
Hazmat Information:					
Placard 40 Material 1 digit # 41 Material Name	Material 4 digit #	Release code 42			

MARK D HAGOPIAN

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTM

Department

Precinct/Barracks

Date

	→ Direction	1 =	Vehicle 1	2 =Vehicle 2	₽Pedestr	ian				
Crash Diagram:	ie: → [1	→	. 2	→Ŷ					
				<u> </u> 			If Crash <u>Did Not</u> on a Public Way:	_Occur		
		_		_			☐ Off-Street Parki	ng Lot		
							☐ Garage			
							☐ Mall/Shopping (Center		
		_ _		-			☐ Other Private W			
		_ -			 		Indicate North by			
		_		 - 	 					
							()			
Crash Narrative:							L			
did not require medical	evaluation.									
Both vehicles sustained	heavy damage ar	nd re	equired	cow's. Tody's	arrived on	scene on	towed both vehic	les.		
After MV1 was struck the	operator ended	d up	crashing	g into the re	taining wall	of the	West Parrish Buri	al		
Ground. There was signif	icant damage to	the	e fence a	and wall.						
I had dispatch call for	a traffic car t	o re	spond to	the acciden	t to take pi	ctures s	ince the Burial G	round is		
City Property. Traffic O	fficer Gaudet n	respo	onded and	d took pictur	es of the ve	hicles a	nd damage to the	wall.		
The operator of MV2 was	cited for CH 89	9-9 E	Fail to	stop for a re	d light. MA	citation	(T1441437) was			
mailed to operator of MV	2									
Witnesses:								,		
Name (Last, First, Middle)		A	Address				Phone #	Statement		
Property Damage:								•		
Owner (Last, First, Middle) Address			Phone # 34-Type [Description	Pescription of Damaged Property			
Truck and Bus Information:	Registration #			(Fron	n Vehicle Section)			25		
Carrier Name						(Carrier Issuing Authority Co	ode 35		
Address				City			St Zip			
US DOT #:	State Number			Issuing State	ICC #:_		Interstate	36		
Cargo Body Type Code 37	Gross Vehicle Weight	38	8					<u></u>		
Trailer Reg #:	Reg Type		Reg State	Reg Ye	ear Tr	ailer Length	39			
Hazmat Information:	41							42		
Placard Material 1 dig	rit # Material	l Name	e		Material 4	ligit #	Release code	42		
<u> </u>										

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)